New Kidney Regeneration Study - Exciting BUT Missing Something Critical Transcript

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Introduction to Kidney Cell Homing

Kidney cells have specific surface markers. Think of these markers as a built-in GPS system. These cells know exactly where they belong. They have molecular signatures that allow them to home to kidney tissue naturally.

This is not just theory. This is based on established science about how stem cells and progenitor cells navigate through the body. When you introduce cells intravenously, they circulate through the bloodstream and those with specific tissue markers will naturally migrate to their target organs.

Together, we will uncover simple, powerful ways to prevent disease, restore energy and take control of your health naturally. If you're ready to stop managing illness and start building vitality, you're in the right place.

Your prescription for vitality starts now. There is some genuinely exciting research happening in regenerative medicine for kidney disease. And I want to talk about it today because this is a field I'm personally trained in and passionate about.

Regenerative Medicine and the RealParencel Study

At the recent American Society of Nephrology's Kidney Week, researchers presented findings on an investigational therapy called Rill-Perinsell. And while I think the concept is brilliant, I also see a significant opportunity to make it even more effective and safer based on my own clinical experience with regenerative therapies.

Let me start by saying this, I'm a big believer in regenerative medicine. At the Kidney Institute, I've been using umbilical cord drive stem cells and exosomes with my patients and I've seen remarkable results.

We are talking about therapies that harness the body's natural healing mechanisms at a cellular level. So when I heard about this real parent cell research, I was genuinely intrigued.

Here's what they're doing. They're taking a small biopsy sample from a patient's kidney. isolate specific kidney cells, expand them in a laboratory and create personalized cell therapy product.

The beauty of using your own cells is that you don't need immunosuppressive drugs. Your body recognizes these as its own. In this study, they looked at 53 adults with type 1 or type 2 diabetes who had kidney function between 20 to 50 GFR.

So we are talking about stage 3 to stage 4 kidney disease. The concept is sound. Take damaged kidney cells, give them a chance to replicate in an optimal environment outside the body and then reintroduce them to help repair and regenerate kidney tissue.

This is regenerative medicine at its core and I'm absolutely on board with that approach. The results showed improvement in the annual eGFR slope, meaning kidney function declined more slowly after treatment.

In the group that received two injections, they saw an improvement of about 4.5 GFR. That's meaningful. Any intervention that can slow the progression of kidney disease deserves our attention.

Why Direct Kidney Injection Is Risky

But here's where I want to offer what I believe is a crucial insight based on my training and clinical experience with regenerative therapies. The delivery method matters enormously.

And this is where I think we can significantly improve on what these researchers are doing. In the real parent cells

study, they're injecting these expanded kidney cells directly into the kidneys using image-guided injections, essentially using ultrasound or fluoroscopy to precisely place the cells into the kidney cortex.

Now on paper, this might seem logical. You want the cells in the kidneys, so inject them into the kidneys, right? But there are several problems with this approach.

First, it's invasive. You're performing a procedure that requires precise needle placement into the kidney tissue. In this study, 33% of patients experienced injection-related adverse events.

One patient had serious complication of subcapsular renal hematoma, which basically means bleeding around the kidneys. The researchers acknowledge that bleeding complications occur in about 2% of kidney biopsies and they're seeing similar rates with these injections.

Second, if you're using fluoroscopy for image guidance, you're exposing patients to radiation. That's an additional risk that we should avoid if possible, especially in patients who may need multiple procedures over time.

Third, and this is the key insight I want to share, you don't actually need to inject directly into the kidneys for these cells to get where they need to go.

Here's why. Kidney cells have specific surface markers. Think of these markers as a built-in GPS system. These cells know exactly where they belong. They have molecular signatures that allow them to home to kidney tissue naturally.

This is not just theory. This is based on established science about how stem cells and progenitor cells navigate through the body. When you introduce cells intravenously, they circulate through the bloodstream and those with specific tissue markers will naturally migrate to their target organs.

IV Delivery and Cellular Homing

It's one of the most elegant aspects of regenerative medicine. In my practice, when I use umbilical cord-drive mesenchymal stem cells or exosomes, which are the signaling molecules that stem cells release, I administer them intravenously.

No invasive kidney injections, no fluoroscopy, no bleeding risk. And these regenerative factors still make their way to the kidneys and other organs that need healing.

The cells don't just randomly distribute throughout the body and hope for the best. They follow chemical signals. They respond to inflammation markers.

They migrate to areas of injury and damage. This is called homing and it's a fundamental principle in regenerative medicine. So imagine if real parent cell researchers took their personalized kidney cell product, which I think is a brilliant concept, and instead of the risky invasive injection procedure, they administer it intravenously, you'd eliminate the major complications, remove the radiation exposure, make the procedure more simpler and more comfortable for patients, and I strongly believe you would actually see better results.

Why better results? Because when you inject directly into kidney tissue, you're placing cells into a very specific location in a tightly bound kidney, but kidney disease isn't usually localized to one spot.

It is affecting the entire organ, often both kidneys. An IV administration allows the cells to distribute more naturally throughout the kidney tissue, reaching areas of damage that might be missed by a targeted injection.

Plus, these regenerative cells don't just work locally where they land. They release growth factors, anti-inflammatory cytokines, and other signaling molecules that have systemic effects.

Exosomes, for example, are tiny little packages of healing instructions that cells can pass to each other. When

administered IV, these factors can address not just kidney damage, but also the underlying systemic inflammation.

and vascular dysfunction that contributes to kidney disease progression. I have seen this work in my own patients. Someone comes in with a declining kidney function, elevated inflammatory markers, and multiple systemic issues beyond just the kidneys.

Broader Regenerative Medicine Strategy

We do IV stem cell therapy or exosome therapy and we see improvements not just in kidney function but in overall vitality, energy levels, inflammatory markers and sometimes even in related conditions like cardiovascular health.

Now, I want to be clear about something important. Regenerative medicine is powerful, but it's not magic. And it's not a standalone solution. The most effective approach combines regenerative therapies with comprehensive functional medicine holistic protocols.

We are still addressing root causes, gut health, toxin burden, metabolic dysfunction, inflammation, nutrient deficiencies, hidden infection. The regenerative therapies amplify and accelerate healing, but they work best when the internal environment supports that healing.

Going back to real parent cell research, here's what I find most exciting. They're taking the concept of personalized medicine to a cellular level. These aren't generic stem cells, they are your specific kidney cells expanded and optimized.

That's incredibly powerful. But I believe we are making it more complicated and risky than it needs to be with the direct kidney injection approach. If the researchers are listening, and I genuinely hope they are, I would love to collaborate on exploring IV administration of these personalized kidney cell products.

I have the clinical experience with IV regenerative therapies. I understand the protocols, the safety consideration. The patient selection criteria, and I have seen how effective this route of administration can be.

This could be a game changer for patients with advanced kidney disease. Imagine a therapy that's personalized to your specific kidney cells, administered safely through an IV with minimal risk and potentially even better outcomes than what they are seeing with direct injection.

That's where I think this research should be heading. For anyone listening who is involved in this research or knows the team working on RealParencel, I'm extending an open invitation to collaborate.

Let's have a conversation about optimizing the delivery method. Let's design a study comparing direct injection with IV administration. Let's make this therapy as safe and effective as possible for the patients who need it.

In the meantime, for those of you dealing with kidney disease right now, Regenerative medicine is already available.

Call for Collaboration and Closing Remarks

We use umbilical cord drive stem cells and exosomes in our practice administered intervenously as part of comprehensive treatment programs. These aren't experimental, they are being used clinically right now with excellent safety profiles and promising results.

Also, we use animal-derived kidney exosomes that works very well as well. But here's what's crucial. Regenerative therapy should be part of a broader strategy.

You can't just do stem cell therapy and ignore the factors that damage your kidneys in the first place. We combine these advanced therapies with nutritional programs, gut healing, detoxification support, metabolic optimization, and all the functional medicine approaches that addresses the root causes.

That's the future of kidney medicine as I see it, integrating the best of regenerative therapies with comprehensive functional medicine. not choosing one or the other, but using both strategically to give patients the best possible outcomes.

Federal parental research represents an important step forward. It shows the medical community is recognizing the potential of regenerative approaches for kidney disease.

Now let's make it safer, more effective and more accessible by optimizing how we deliver these therapies. If you want to learn more about regenerative medicine options for kidney disease or want to explore whether you might be a candidate for these therapies, visit octobismar.com.

We offer comprehensive consultations where we look at your complete health picture, create personalized programs that may include regenerative therapies if indicated, functional medicine interventions and everything in between.

because the goal isn't just to slow kidney disease, it is to help your body and kidneys heal. Thanks for tuning into the Wellness Focus with Dr. Bisma, where we are rewriting the rules of health and giving you the tools to thrive.

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See you next time.